



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: February 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020315

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED],

On September 29, 2017, you and your attorney appeared by telephone at a hearing on your appeal of NY State of Health’s May 11, 2017 discontinuance notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
 - NY State of Health Appeals
 - P.O. Box 11729
 - Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that you were not eligible to enroll in health insurance coverage its Exchange as of June 1, 2017, because you were not considered lawfully present?

Procedural History

On January 25, 2017, NYSOH issued a notice of eligibility determination, stating that you were eligible for the Essential Plan for a limited time, effective February 1, 2017. The notice stated you qualified for the Essential Plan for “a limited time” because NYSOH required additional immigration information to confirm your eligibility. The notice directed you to provide documentation confirming your immigration status by April 20, 2017, in order to continue your eligibility for the Essential Plan.

Also on January 25, 2017 you uploaded immigration documentation to your NYSOH account ([REDACTED]).

On January 26, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan 4, effective January 1, 2017.

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On February 6, 2017, NYSOH invalidated the immigration documentation you submitted on January 25, 2017, as it was deemed insufficient proof of your immigration status.

On February 7, 2017, NYSOH issued a notice stating the documentation you submitted did not confirm the immigration information provided in your application. The notice directed you to provide documentation confirming your immigration status by April 20, 2017, to continue your eligibility for the Essential Plan.

On April 5, 2017, your attorney uploaded immigration documentation to your NYSOH account ([REDACTED])

On May 11, 2017, NYSOH issued a discontinuance notice stating that your coverage in your Essential Plan would end effective June 1, 2017. The notice further stated that you did not qualify for Medicaid, the Essential Plan, advance premium tax credits or cost sharing reductions, and could not purchase a qualified health plan because NYSOH did not receive the immigration status documentation needed to confirm your eligibility.

Also on May 11, 2017, NYSOH issued a disenrollment notice stating that your coverage in the Essential Plan 4 would end on May 31, 2017, because you were no longer eligible to enroll in health insurance through NYSOH.

On June 15, 2017, NYSOH received your updated application for health insurance.

Also on June 15, 2017, NYSOH invalidated the immigration documentation your attorney submitted on April 5, 2017, as insufficient proof of your immigration status.

On June 16, 2017, NYSOH issued a notice of eligibility determination, stating that you were eligible for the Essential Plan for a limited time, effective June 1, 2017. The notice stated you qualified for the Essential Plan for “a limited time” because NYSOH required additional immigration information to confirm your eligibility. The notice directed you to provide documentation confirming your immigration status by September 13, 2017, in order to continue your eligibility for the Essential Plan.

Also on June 16, 2017, NYSOH issued a notice stating the documentation you submitted did not confirm the immigration information provided in your application. The notice directed you to provide documentation confirming your immigration status by September 13, 2017, to continue your eligibility for the Essential Plan.

On June 21, 2017, NYSOH issued a notice confirming your enrollment in an Essential Plan 4, effective June 1, 2017.

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On July 6, 2017, a letter from your attorney, dated June 27, 2017, requesting an appeal was uploaded to your NYSOH account. That letter appealed the May 11, 2017 discontinuance notice insofar as it stated you were not eligible for New York State Medicaid ([REDACTED]).

On September 19, 2017, NYSOH issued discontinuance and disenrollment notices that collectively removed your Essential Plan 4 coverage as of September 30, 2017.

On September 29, 2017, you and your attorney had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] [REDACTED] assisted. The record was developed during the hearing and was held open to October 16, 2017, to allow your attorney to submit supporting documents and a memorandum of law.

On October 13, 2017, NYSOH received via secured facsimile a copy of your attorney's post-hearing memorandum and annexed exhibits A through J, totaling 106 pages [REDACTED]. These documents were collectively marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You had health insurance coverage through NYSOH in an Essential Plan 4 from January 1, 2017 through May 31, 2017, and again from June 1, 2017 through September 30, 2017. You have been without health insurance coverage through NYSOH since October 1, 2017.
- 2) You are seeking health insurance for yourself through New York State Medicaid.
- 3) Your application states that you are an immigrant non-citizen.
- 4) According to your NYSOH account, you were born on [REDACTED], and are [REDACTED].
- 5) Your application indicates you are separated and have no dependents.
- 6) The evidence submitted states that you have continually resided in the United States since [REDACTED], 2001, when you entered the United States as a non-immigrant with a valid B2 visitor visa. That visa expired on [REDACTED] 2002 ([REDACTED], at Exhibit C).

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- 7) You testified that you have serious, ongoing medical conditions that require constant medical attention. The evidence you submitted shows your health conditions were first diagnosed in 2007 [REDACTED], at Exhibit C).
- 8) On October 7, 2013, you submitted a request for Deferred Action with United States Custom and Immigration Services (USCIS) for humanitarian reasons due to your serious health problems [REDACTED]
- 9) On October 3, 2014, USCIS denied your request for Deferred Action [REDACTED]
[REDACTED] In this letter, USCIS writes in part that:

We have carefully considered your request and we are not able to grant deferred action to [REDACTED] at this time. Denial of a request for deferred action does not necessarily mean that USCIS intends affirmatively to pursue your removal...
- 10) You uploaded a copy of the USCIS letter, dated [REDACTED] 2014, and other documents to your NYSOH account on January 25, 2017, as proof of your immigration status [REDACTED].
- 11) Your attorney uploaded a copy of this same USCIS letter, and other documents, to your NYSOH account on April 5, 2017, as proof of your immigration status ([REDACTED])
- 12) Your attorney asserted that you should be determined to be PRUCOL because you are residing in the United States with acquiescence of USCIS, and should be granted New York State Medicaid.
- 13) You testified that you do not have income because you are not working, and that you rely entirely on your family for financial assistance.
- 14) Your NYSOH account does not contain any income data from state and federal data sources.
- 15) Your application states that you have "\$0.00" expected yearly income and will not be filing taxes.
- 16) You reside in [REDACTED], New York.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Lawfully Present Individuals Eligible under the Affordable Care Act

Under the Affordable Care Act of 2010 (ACA), only “lawfully present” non-citizens are eligible to purchase qualified health plans, and qualify for related financial assistance like advance premium tax credits, cost-sharing reductions, the Essential Plan and federal Medicaid (see, e.g., section 1411(a)(1) of the ACA (eligibility for the health insurance “exchanges” and the related affordability tax credits)).

The definition of lawfully present is codified at 45 C.F.R. section 152.2. Under this definition, “lawfully present” individuals include not only those classified as “qualified” immigrants but several other categories of non-citizens who have permission to live and/or work in the United States, and to apply for premium tax credits to help make health insurance affordable (see 8 U.S.C. § 1641; 45 C.F.R. § 155.2; 77 FR 18310 [March 27, 2012]; 26 C.F.R. § 1.36B-1(g); 77 FR 30377 [May 23, 2012]).

Medicaid

Medicaid can be provided to adults who: (1) Are age 19 or older and under age 65; (2) Are not pregnant; (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) Have a household modified adjusted gross income that is at or below 138% of the federal poverty level for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance.

Generally, no person except a United States citizen, naturalized citizen, qualified alien, or person permanently residing in the United States under color of law (PRUCOL) is eligible for full Medicaid benefits (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2(j)).

An applicant of, or recipient of, medical assistance must provide evidence that he or she is PRUCOL (18 NYCRR §360-3.2(j)(3)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR

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§ 435.4). On the date of your application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Federal Register 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

PRUCOL Status and Medicaid Eligibility in New York State

New York must provide state-funded Medicaid to the lawfully residing immigrant individuals, who are present under the color of law (PRUCOL) and who had been excluded from access to the federal Medicaid program (*Aliessa, et al. v. Novello* (96 NY 2d 418 [2001])).

The term PRUCOL refers to a person “who is residing in the United States with the knowledge and permission or acquiescence of the federal immigration agency and whose departure from the United States such agency does not contemplate enforcing.” 18 NYCRR § 360-3.2(j)(ii). To be considered a person “whose departure the federal immigration agency does not contemplate enforcing,” it must appear “based on all the facts and circumstances in a particular case...that the federal immigration agency is otherwise permitting the alien to reside in the United States indefinitely or it is the policy or practice of such agency not to enforce the departure of aliens in a particular category” (18 NYCRR § 360-3.2(j)(ii); see *also* 08 OHIP/INF-4, “Clarification of PRUCOL status for the Purposes of Medicaid Eligibility,” at p. 6 (hereinafter 08 OHIP/INF-4)).

New York State explicitly defines the categories of persons as PRUCOL, including those persons “living in the United States with the knowledge and permission or acquiescence of the federal immigration agency and whose departure such agency does not contemplate enforcing” (18 NYCRR § 360-3.2(j)(ii)(I)).

With respect to 18 NYCRR § 360-3.2(j)(ii)(I), evidence that immigration agencies such as the United States Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE) are aware that an undocumented immigrant is residing in the United States includes an official application filed with USCIS, or proof of a request for relief where no formal immigration application process exists, such as deferred action or voluntary departure (08 OHIP/INF-4, at pp. 3-5).

In instances of formal applications, an applicant is considered PRUCOL for as long as the application is pending, no matter how long, until it is formally adjudicated (08 OHIP/INF-4, at pp. 3-4). For requests for relief where there is no formal application process, merely showing proof that a letter was sent is insufficient (08 OHIP/INF-4, at p. 6). The immigration agency must be afforded a

reasonable time to consider the request for relief (*Id.*). The New York State Department of Health has issued official guidance on a reasonable request, which states that a non-citizen must wait at least six-months from the date of the initial letter, and provide evidence that the non-citizen or the non-citizen's representative made a good faith attempt to follow up with the immigration agency on the status of the request (08 OHIP/INF-4, at pp. 4-6).

In general, if a federal immigration agency denies the non-citizen's request for relief but has not deported the non-citizen, or otherwise indicates that it intends to contemplate the non-citizen's removal from the United States, the immigration agency has not acquiesced to the non-citizen's continued presence (08 OHIP/INF-4, at p. 8).

However, if a non-citizen provides evidence that the immigration agency is not contemplating enforcing their removal from the United States, that non-citizen may be considered PRUCOL (*Holley v. Lavine*, 553 F.2d 845, 849 (2d Cir. 1977); 18 NYCRR § 360-3.2(j)(ii)(l); see also 08 OHIP/INF-4). Such proof includes documentation from a federal immigration agency that the agency does not contemplate enforcing the non-citizen's removal from the United States (*Holley v. Lavine*, 553 F.2d 845, 849 (2d Cir. 1977)). This evidence does not need to establish that the immigration agency agrees to indefinitely permit the non-citizen to remain in the United States. Rather, the evidence must establish "a relationship of continuing or lasting nature, as distinguished from temporary, but a relationship may be permanent even though it is one that may be dissolved eventually at the instance either of the United States or of the individual, in accordance with law" (*Id.* at 850 (internal citations omitted); see also *Berger v. Heckler*, 771 F.2d 1556 (2d Cir. 1985); *Papadopoulos v. Shang*, 67 A.D.2d 84, 414 N.Y.S.2d 152 (1979); *Tonashka v. Weinberg*, 678 N.Y.S.2d 883, 178 Misc. 2d 280 (1998)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were not eligible to enroll in health insurance coverage through NYSOH as of May 31, 2017.

The record reflects the following:

You entered the United States on [REDACTED], 2001 on a valid B2 visitor visa. That visa expired on [REDACTED], 2002. You remained in the United States after your visa expired and reside in New York State.

After your arrival to the United States, you were diagnosed with serious health problems in 2007. As a result, you applied for humanitarian relief in the form of Deferred Action with USCIS on [REDACTED], 2013. In a letter from USCIS, dated

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██████████, 2013, USCIS states that the agency received your request for Deferred Action, and that your request was under review.

That relief was denied on, ██████████ 2014, in the form of a letter from USCIS. In that letter, USCIS wrote, in relevant part, that “[w]e have carefully considered your request and we are not able to grant deferred action to ██████████ at this time. Denial of a request for deferred action does not necessarily mean that USCIS intends affirmatively to pursue your removal.”

On January 25, 2017, NYSOH issued an eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective February 1, 2017. Your eligibility was contingent on you providing documentation as proof of your immigration status.

Also on January 25, 2017, you uploaded documents to your NYSOH, which included the ██████████ 2013 and ██████████ 2014 letters from USCIS, as proof of your immigration status. These documents are collectively labeled ██████████

On February 6, 2017, NYSOH reviewed ██████████ and determined it was insufficient to validate your immigration status. As a result, NYSOH issued a notice stating that the documentation you provided did not confirm the information in your application. That notice further directed you to provide additional information to verify your immigration status by April 20, 2017.

On April 5, 2017, documentation was uploaded to your NYSOH account as proof of your immigration status, all collectively labeled ██████████ ██████████ included a letter from your attorney, and additional copies of the ██████████, 2013 and ██████████ 2014 letters from USCIS.

On May 11, 2017, NYSOH issued a notice of eligibility determination stating that you were not qualified to enroll in coverage through NYSOH because the documentation you provided did not confirm the immigration information in your application. On September 19, 2017, NYSOH issued another notice of eligibility determination with the same findings, but with a different effective date.

In order for a non-citizen to be eligible for federally-based health insurance through the Marketplace, including a qualified health plan, advance premium tax credits, cost-sharing reductions, or the Essential Plan, that person must be lawfully present in the United States.

Your B2 visitor visa expired on ██████████, 2002, and your request for Deferred Action was denied on ██████████ 2014. There is no evidence in the record to establish you are lawfully present.

Therefore, NYSOH was correct in finding that you are not eligible for a qualified health plan, advance premium tax credits, cost-sharing reductions, the Essential Plan or federal Medicaid.

However, New York State Medicaid has different eligibility requirements for non-citizens. The New York Court of Appeals ruled in *Aliessa, et al. v. Novello* (96 NY 2d 418 [2001]), that New York must provide state-funded Medicaid to the lawfully residing immigrants and eligible non-citizens who are present under the color of law (PRUCOL) and who have been excluded from access to the federal Medicaid program. Therefore, New York's state-based Medicaid program provides assistance to a broader class of non-citizens, including those who are not lawfully present but are PRUCOL eligible.

An applicant of, or recipient of, medical assistance must provide evidence of his or her status as a PRUCOL alien. A non-citizen is considered PRUCOL eligible when he or she is residing in the United States with the knowledge and either permission or acquiescence of federal immigration agencies. In general, if USCIS has denied the alien's application or otherwise indicates that it is not permitting the alien to reside in the U.S. indefinitely, the individual is not PRUCOL.

However, in *Holley v. Lavine* (553 F.2d 845, 849 2d Cir. [1977]), the United States Court of Appeals for the Second Circuit ruled that a non-citizen may be still be considered PRUCOL even if an application for relief is denied if, based on all the facts and circumstances in a particular case, the non-citizen can provide evidence that the immigration agency has acquiesced to his or her presence because the agency does not contemplate enforcing the alien's removal from the United States. That acquiescence need not be permanent, but must establish a relationship continuing in nature that may eventually be dissolved by either party. *Id.*

Although USCIS denied your request for Deferred Action, you provided an [REDACTED] 2014 letter from USCIS, which indicates that the agency does not contemplate enforcing your removal. Further, it appears that you continue to reside in New York as of the date of this Decision in 2018. Therefore, based on all the facts and circumstances in your particular case, you have provided sufficient evidence that the immigration agency has knowledge of your presence, and has acquiesced to your presence because that agency did not contemplate enforcing your removal from the United States in 2014, which appears to be continuing in nature and indefinite as of the date of this Decision.

Accordingly, you submitted documentation to establish that you qualify as PRUCOL.

Since you are considered PRUCOL, we may review whether you meet the financial criteria for New York state-based-Medicaid.

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Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size. There is nothing in the record to indicate you would not meet the non-financial requirements for Medicaid. Therefore, the analysis turns to the financial requirements to be eligible for state-based Medicaid.

Your application indicates you are [REDACTED], separated, and have no dependents. Therefore, you are in a one-person household for purposes of this analysis.

The record indicates that you are not working, have no income, rely entirely on your family for financial assistance, and will not be filing taxes.

On the date of your applications, the relevant FPL was \$12,060.00 for a one-person household. Since you have no income and rely entirely on family for financial assistance you are below 138% of the FPL. Therefore, based on the information provided in your application, there is no evidence you would not have been eligible for Medicaid based on an annual income basis.

Therefore, the May 11, 2017 discontinuance notice finding you ineligible for Medicaid was based on an inaccurate immigration status determination and is RESCINDED. It follows that the September 19, 2017 discontinuance notice is RESCINDED on the same grounds.

You were enrolled in the Essential Plan 4 from January 1, 2017 through May 31, 2017, and again from June 1, 2017 through September 30, 2017. You have been without health insurance coverage through NYSOH since October 1, 2017.

Ordinarily, your eligibility Medicaid would begin as of May 1, 2017, with coverage under Medicaid Fee-For-Service. However, since you were enrolled in the Essential Plan and likely had medical bills processed as claims under that health plan during those timeframes, you may choose to begin your Medicaid eligibility as of October 1, 2017, when you lost coverage under the Essential Plan.

Therefore, since the record contains proof that you are PRUCOL but not lawfully present, your case is RETURNED to NYSOH to consider your request for Medicaid eligibility and coverage based on your status as PRUCOL and as an individual in a one-person household with no income; and at your option, as of May 1, 2017 or October 1, 2017. NYSOH will notify you of its redetermination.

Decision

The May 11, 2017 discontinuance notice is RESCINDED.

The September 19, 2017 discontinuance notice is RESCINDED

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Your case is RETURNED to NYSOH to consider your request for Medicaid eligibility and coverage based on your status as PRUCOL and as an individual in a one-person household with no income; and at your option, as of May 1, 2017 or October 1, 2017. NYSOH will notify you of its redetermination.

Effective Date of this Decision: February 15, 2018

How this Decision Affects Your Eligibility

NYSOH improperly invalidated the evidence you submitted as proof of your immigration status.

You were properly determined to be ineligible for to purchase a qualified a health plan, advance premium tax credits, cost-sharing reductions, the Essential Plan or federal Medicaid because you are not lawfully present.

NYSOH improperly found that you were ineligible for state-based Medicaid because your PRUCOL status made you eligible to be considered for that program.

This is not a final determination of your eligibility. Your case is being sent back to NYSOH to redetermine your eligibility for Medicaid based on you being PRUCOL and an individual in a one-person household with no income.

NYSOH will contact you to determine if your eligibility begins as of May 1, 2017 or October 1, 2017, at your option.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 11, 2017 discontinuance notice is RESCINDED.

The September 19, 2017 discontinuance notice is RESCINDED

Your case is RETURNED to NYSOH to consider your request for Medicaid eligibility and coverage based on your status as PRUCOL and as an individual in a one-person household with no income; and at your option, as of May 1, 2017 or October 1, 2017. NYSOH will notify you of its redetermination.

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NYSOH improperly invalidated the evidence you submitted as proof of your immigration status.

You were properly determined to be ineligible for to purchase a qualified a health plan, advance premium tax credits, cost-sharing reductions, the Essential Plan or federal Medicaid because you are not lawfully present.

NYSOH improperly found that you were ineligible for state-based Medicaid because your PRUCOL status made you eligible to be considered for that program.

This is not a final determination of your eligibility. Your case is being sent back to NYSOH to redetermine your eligibility for Medicaid based on you being PRUCOL and an individual in a one-person household with no income.

NYSOH will contact you to determine if your eligibility begins as of May 1, 2017 or October 1, 2017, at your option.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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